



AUCTION DONATION  
FORM

CONTACT NAME:

COMPANY NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

DONATION (PLEASE PROVIDE DESCRIPTION):

A large, empty rectangular box with a light gray background, intended for the donor to provide a detailed description of their donation.

VALUE OF DONATION: \$ \_\_\_\_\_

MY DONATION (CHECK ONE):  IS ENCLOSED  WILL BE DROPPED OFF  NEEDS TO BE PICKED UP

Please complete this form by August 27, 2021

Elmhurst Memorial Hospital Foundation  
c/o Blair Williams  
155 E. Brush Hill Road  
Elmhurst, IL 60126

QUESTIONS? Please contact: Blair Williams at 331-221-0388 (phone) or Blair.Williams@EEHealth.org (e-mail)

THANK YOU FOR YOUR SUPPORT!